

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Infusion Therapy Providers
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-47 MAA
Issued: July 5, 2002

For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-43 MAA

Subject: Vendor Rate Increase for Medical Nutrition Equipment & Supplies

Retroactive for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a one and one-half (1.5) percent vendor rate increase for medical nutrition equipment and supplies as authorized by the 2001-2003 Biennium Appropriations Act. The fees for state-unique codes have been realigned in the Medical Nutrition program. Medicare rates are used for HCPCS* codes; as a result, some rates may be decreased. Medical nutrition product pricing is currently under review.

Procedure Code Changes

- The following state-unique procedure codes have been converted to HCPCS codes. MAA will not reimburse for these state-unique procedure codes for dates of service on and after July 1, 2002:

Discontinued State-Unique Code	Use HCPCS Code
0165B	E1340
0777B	B9002
0778B	B9002
4057B	B4035
4058B	B4035
4051B	B4034, B4045, or B4036
4075B	B4086
4570B	B9998

- The following HCPCS codes have been discontinued and replaced. MAA will not reimburse for these procedure codes for dates of service on and after July 1, 2002:

Discontinued HCPCS Code	Use HCPCS Code
B4084	B4086
B4085	B4086

The following products have been added to the Medical Nutrition Product List since the last publication of the billing instructions. Additions to the Medical Nutrition List will not be routinely published but are available on MAA's web site (see link below).

Product Name	Procedure Code	Effective for Dates of Service on and After:	Unit	July 1, 2002 Maximum Allowable Fee
Calcilco XD Pwd	0388B	09/01/01	100cal	\$1.04
FAA (Free Amino Acid Diet)	0397B	06/01/02	100cal	\$3.55
Immunocal	0389B	09/01/01	1 pwd oz	\$1.69
Isocal HN Plus	0390B	09/01/01	100cal	\$1.04
Kindercal TF w/ Fiber	0391B	09/01/01	100cal	\$1.04
Modulen IBD	0395B	09/01/01	100cal	\$1.58
Optimental	0392B	09/01/01	100cal	\$3.55
Peptamen FOS/Inulin	0396B	09/01/01	100cal	\$3.55
Protein Eight Bar	0387B	04/01/02	100cal	\$0.71
Re/Neph	0393B	09/01/01	100cal	\$0.68
Ultracal HN Plus	0394B	09/01/01	100cal	\$1.04
Generic\Store Brand Formula (see note)	0399B	07/01/02	100cal	\$1.00
Boost Breeze	0400B	07/01/02	100cal	\$1.04
Pro-Cel	0401B	07/01/02	1 pwd oz	\$1.38
Upcal D	0402B	07/01/02	1 pwd oz	\$1.38



Note: Providers may bill for Generic or Store Brand products only when the **content** of the product is the same as Ensure, Boost, or NuBasic.

Replacement Pages

Attached are updated replacement pages H1 – H8 for MAA's Medical Nutrition Billing Instructions, dated November 2000.

Bill MAA your usual and customary charge. Reimbursement will be the lower of the billed charge or the maximum allowable fee.

To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Fee Schedule

Equipment Rental/Purchase Policy

- The following are considered included in MAA's reimbursement for equipment rentals or purchases:
 - ✓ Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
 - ✓ Full service warranty;
 - ✓ Delivery and pick-up; and
 - ✓ Fitting and adjustments.
- If death, ineligibility, or other change in circumstances occur during the rental period, MAA will terminate reimbursement at the end of that rental period.
- Providers may not bill for a rental and a purchase of any item simultaneously.
- MAA will not reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers.
- All rent-to-purchase equipment must be new at the beginning of the rental period.
- MAA reimburses for medical nutrition related supplies for client's residing in nursing facilities **only**:
 - ✓ When they are used to administer 100% of the client's nutritional requirements; and
 - ✓ When the client's medical circumstances meet MAA's guidelines for medical nutrition.
- MAA reimburses for medical nutrition related supplies for client's receiving Medicare Part B **only**:
 - ✓ When they are used to administer medical nutritionals to non tube-fed clients; and
 - ✓ When the client's medical circumstances meet MAA's guidelines for medical nutrition.

Enteral Supply Kits

- Do not bill more than one supply kit code, per day.
- Enteral supply kits include all the necessary supplies for the enteral patient using the syringe, gravity or pump method of nutrient administration.
- Bill only for the actual number of kits used, not to exceed a 1-month supply.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
B4034	Enteral Feeding Supply Kit; Syringe (Bolus only)	\$5.60	N	Y	1 per client, per day	N
B4035	Enteral Feeding Supply Kit; Pump Fed, per day.	\$10.67	N	Y	1 per client, per day	N
B4036	Enteral Feeding Supply Kit; Gravity Fed	\$7.31	N	Y	1 per client, per day	N

Enteral Prepackaged Delivery System Supply Kits

(Pump sets with piercing mechanisms)

- Do not bill more than one supply kit code , per day.
- Enteral prepackaged delivery system supply kits include: pump sets or gravity sets.
- Bill only for the actual number of kits used, not to exceed a 1-month supply.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
4057B	Enteral Feeding Supply Kit; Stationary Pump <i>Discontinued for dates of service on and after July 1, 2002. Use B4035.</i>	\$5.79	N	P	1 per client, per day	N
4058B	Enteral Feeding Supply Kit; Ambulatory Pump <i>Discontinued for dates of service on and after July 1, 2002. Use B4035.</i>	\$7.14	N	P	1 per client, per day	N

* Covered items that are not part of the nursing home per diem may be billed separately to MAA.

Enteral Administration Kit

- Enteral Administration Kit includes all items necessary to administer medical nutritionals that are not included in the supply kit.
- Bill only for the actual number of kits used, not to exceed a 1-month supply.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
4051B	Administration Kit (includes all other supplies including extension, tubing and adapters needed to administer enteral feeding.) <i>Discontinued for dates of service on and after July 1, 2002. Use B4034, B4035, or B4036.</i>	\$1.08	N	Y	1 per client, per day	N

Enteral Tubing

- You may bill only one type of enteral tube per client, per day.
- The total number of allowed tubes includes any tubes provided as part of the replacement kit.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
B4081	Nasogastric tubing with stylet (each)	\$19.78	N	Y	3 per client, per month	N
B4082	Nasogastric tubing without stylet (each)	\$14.73	N	Y	3 per client, per month	N
B4083	Stomach tube – Levine type (each)	\$2.25	N	Y		N

* Covered items that are not part of the nursing home per diem may be billed separately to MAA.

Medical Nutrition

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
B4084	Gastrostomy/Jejunostomy tubing (a substitution of a Fully catheter tube is not allowed) <i>Discontinued for dates of service on and after July 1, 2002. Use B4086.</i>	\$16.52	N	Y	1 per client every 3 months	N
B4085	Gastrostomy tube, silicon with sliding ring, each <i>Discontinued for dates of service on and after July 1, 2002. Use B4086.</i>	\$37.48	N	Y	1 per client every 3 months	N
4075B	Gastrostomy tube, for low profile gastrostomies. <i>Discontinued for dates of service on and after July 1, 2002. Use B4086.</i>	\$10.67	N	Y	5 per client, per month	N
4085B	Low Profile Gastrostomy Replacement Kit (e.g., Bard, MIC Key Button, Hide-a-port, Stomate)	\$134.49	N	Y	1 per client every 3 months	N
B4086	Gastrostomy /jejunostomy tube, any material, any type (standard or low profile), each	\$32.66	N	Y	1 per client every 3 months	N

* Covered items that are not part of the nursing home per diem may be billed separately to MAA.

Enteral Repairs						
Procedure Codes	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
0165B	Equipment Repair— Enteral/labor per quarter hour. Only those client-owned pumps less than five (5) years old, and no longer under warranty will be repaired. <i>Discontinued for dates of service on and after July 1, 2002.</i> Use E1340.	\$8.35	N/A	N/A		
0166B	Repair Parts for Enteral Equipment. <u>Only</u> those client-owned pumps less than five (5) years old, and no longer on warranty will be allowed replacement parts.	85%	N/A	N/A		N
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.	\$8.35	N/A	N/A		N

* Covered items that are not part of the nursing home per diem may be billed separately to MAA.

Pumps and Poles

- May bill for only 1 type of enteral pump code, per month.
- Enteral poles are considered purchased after 12 months' rental.
- Enteral pumps are considered purchased after 15 months' rental.
- Pumps must be new equipment at beginning of rental period.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem*
E0776-1P	IV pole. Purchase. Modifier required	\$93.30	N	Y	1 per client, per lifetime	Y
E0776-RR	IV pole. Rental. Modifier required	\$9.33	Per month	N	1 per month; not to exceed 12 months	Y
0777B-RR	Stationary feeding pump with alarm. Rental. Modifier required. <i>Discontinued for dates of service on and after July 1, 2002. Use B9002</i>	\$58.11	Per month	N	1 per month; not to exceed 15 months	N
0778B-RR	Ambulatory feeding pump with alarm. Rental. Modifier required. <i>Discontinued for dates of service on and after July 1, 2002. Use B9002.</i>	\$65.82	Per Month	N	1 per month; not to exceed 15 months	N
4041B	Case for ambulatory feeding pump.	\$100.58	N	Y	1 every 5 years	N
B9002RR	Enteral nutrition infusion pump -- with alarm.	\$108.66	Per Month	N	1 per month; not to exceed 15 months.	N

* Covered items that are not part of the nursing home per diem may be billed separately to MAA.

Miscellaneous						
<ul style="list-style-type: none"> MAA review is required prior to billing this code. 						
Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	NH per diem*
4570B	Other medical nutritional supplies not listed. <i>Discontinued for dates of service on and after July 1, 2002. Use B9998.</i>	To be determined by MAA.				
B9998	NOC for enteral supplies (other medical nutrition supplies not listed).	To be determined by MAA				

Miscellaneous Procedure Code

In order to be reimbursed for miscellaneous medical nutrition state-unique code (B9998), the attached form must be reviewed by MAA prior to submitting your claim to MAA. Fax the form to MAA for review.

Do not submit claims using state-unique code B9998 until you have received a confirmation number from MAA indicating that your bill has been reviewed.

Include the following supporting documentation with your fax:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of piece of equipment;
- Invoice;
- Prescription;
- Explanation of client-specific, medical necessity; and
- Name of primary piece of equipment and whether the equipment is rented or owned.

Make copies of the attached form and mail/fax to:

Medical Assistance Administration
 Medical Nutrition Program
 PO Box 45506
 Olympia, WA 98504-5506
 FAX: (360) 586-1471

Justification for use of B9998 Miscellaneous Medical Nutrition Procedure Code

★Fax this form to obtain authorization prior to submitting your claim

Attn: Medical Nutrition Program

Fax: 360 586-1471

Also fax: Your Invoice Prescription

Agency Name: _____

Agency Provider #: _____

Client Name: _____

Client PIC: _____

Client Diagnosis: _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

For MAA USE ONLY

Decision: ☐ Approved ☐ Denied Not Medically Necessary ☐ Alternate Code suggested _____,

Description _____, Payment per Unit _____, Total Payment _____

Logged Date: _____ Need to establish code: ☐ Yes ☐ No